

*National Commission on Certification  
of Physician Assistants*

*hereby affirms that*

[REDACTED]

*has successfully completed all certification  
requirements and earned the right to use the*

**Physician Assistant-Certified**

*designation.*

**Certificate Number:** [REDACTED]

*Effective On: July 1, 2004*

*Expires On: December 31, 2006*

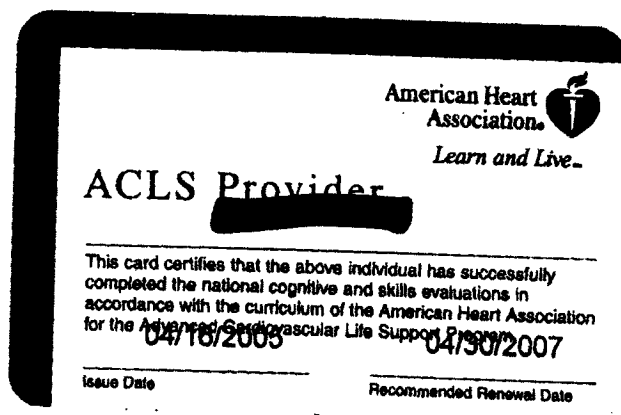
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]




This certificate is a member of NCCPA and must be stored with records. This certificate does not constitute proof of certification. For valid proof of certification, contact NCCPA.

(b) 6 + 7(c)


(b)(6)-(c)



(b)(6)-(7)(c)

American Heart Association.   
*Learn and Live.*

**Healthcare Provider**

NAME 

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

DATE 19JUNE2006 DATE JUNE 2008

Issue Date Recommended Renewal Date